REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	09/886,613
Filing Date	June 22, 2001
First Named Inventor	Benjamin Kane
Group Art Unit	3625
Examiner Name	R. Rhode
Attorney Docket Number	19693.0002

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GROUP 3600

To: Assistant Commissioner for Patents
    Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified application.

The reasons for this request are: Failure of applicant to communicate with or provide payments to the undersigned.

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

☐ Customer Number *OR*		*Place Customer Number Bar Code Label here*

☒ Firm *or* Individual Name	Mr. Robert Krause, Globecom Interactive				
Address	12310 Pinecrest Road				
Address	Suite 200				
City	Reston	**State**	VA	**ZIP**	20191
Country	USA				
Telephone	(703) 621-4500 Ext. 131	**Fax**	(703) 621-4477		

This request is enclosed in triplicate.

Name	John P. Moran
Signature	*[signature]*
Date	7-1-04

NOTE: Withdrawal is effective when approved rather than when received
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.